



# APPLICATION FOR UNDERGRADUATE ADMISSION



The faculty, staff and administration of the University of St. Thomas are pleased that you are interested in submitting an application for admission.

Refer to [stthomas.edu/apply](https://stthomas.edu/apply) for application deadlines and additional information on admission types.

This application, along with your supporting documentation, is your opportunity to share information about yourself that you feel should be considered by the Admissions Committee. All documentation submitted will be confidential.

We welcome your online application at [stthomas.edu/apply](https://stthomas.edu/apply).

Please submit all materials to the Office of Admissions.

## Office of Admissions

Mail 5017  
2115 Summit Ave.  
St. Paul, MN 55105-1096

(651) 962-6150 or  
(800) 328-6819, Ext. 2-6150  
[admissions@stthomas.edu](mailto:admissions@stthomas.edu)  
[stthomas.edu](https://stthomas.edu)

## A COMPLETE APPLICATION INCLUDES

<b>FRESHMAN</b>	Application for Admission	Official High School Transcript*	ACT or SAT Results*	Writing Sample	Recommendation Letters <i>(recommended)</i>
<b>TRANSFER</b>	Application for Admission	Official High School Transcript*	Official College Transcript(s)*	Writing Sample	Dean of Students Form

**\*Note: Official transcripts and test scores must be sent directly from the school or testing service.**

## ENROLLMENT INFORMATION

Application for:  Fall  Spring Year: 20 \_\_\_\_\_

Status:  First-year  Transfer

## APPLICANT INFORMATION

Name \_\_\_\_\_  
Last First Middle Preferred first name Previous/former

Permanent address \_\_\_\_\_  
Street address Apt. No. City State ZIP

Sex assigned at birth:  Male  Female Date of birth \_\_\_\_\_ Social Security No. \_\_\_\_\_  
MM/DD/YY

Current address \_\_\_\_\_  
(if different from permanent) Street address Apt. No. City State ZIP

Email address \_\_\_\_\_

Student cellphone number\* (\_\_\_\_\_) \_\_\_\_\_ International phone number \_\_\_\_\_  
Area code Phone number (if applicable) Country code Phone number

\*Are you willing to receive text messages from the admissions office at St. Thomas?  Yes  No  
(You will receive no more than three messages per month. Users can text STOP to unsubscribe at any time. Message and data rates may apply.)

Contact phone number (if different than your cellphone) \_\_\_\_\_

Please indicate if this number is:  Home (landline)  Cell (not yours) \_\_\_\_\_  
If not your cellphone, provide name of person

Citizenship:  U.S. citizen  Permanent resident  International student  Asylee/refugee  Other

Country of citizenship (if not U.S.) \_\_\_\_\_

Have you ever served in the United States Armed Forces?  Yes  No

Eligible for veterans benefits:  Yes  No

## ETHNICITY AND RACE (Optional) CHECK ALL THAT APPLY

**Are you Hispanic or Latino?** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin, regardless of race.  Yes  No

**American Indian or Alaska Native:** A person having origins in any of the original peoples of North or South America (including Central America), and who maintains a tribal affiliation or community attachment.

**Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

**Black or African-American:** A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or other Pacific Islander:** A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.

**White:** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Prefer not to respond**

## ACADEMIC INFORMATION

You must submit an official transcript from your high school and **ALL post-secondary** institutions attended.

High school \_\_\_\_\_  
Name City State

Graduation date \_\_\_\_\_ GED:  Yes  No Date \_\_\_\_\_

High school, community, and church activities and honors \_\_\_\_\_

\_\_\_\_\_

**Required for all transfer students and high school students who have earned college credits:**

List ALL post-secondary institutions attended and submit an official transcript from each.

<b>1</b>	College name	City, State	Dates attended	<b>2</b>	College name	City, State	Dates attended
<b>3</b>	College name	City, State	Dates attended	<b>4</b>	College name	City, State	Dates attended

**List high school and college courses for which you will receive academic credit this year (2016-17):**

Term 1/semester 1	Term 2/semester 2	Term 3	Term 4
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**COLLEGE PLANS**

**Area(s) of interest:** Please rank your **top three** areas of interest in order (1=highest interest)

- |  |  |  |  |
|--|--|--|--|
| <ul style="list-style-type: none"> <li>___ Undecided</li> <li>___ Actuarial Science</li> <li>___ Art History</li> <li>___ Biochemistry</li> <li>___ Biology</li> <li>___ Biology of Global Health</li> </ul> | <ul style="list-style-type: none"> <li>___ Computer Science</li> <li>___ Criminal Justice</li> <li>___ Economics</li> </ul> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>___ Elementary Education</li> <li>___ Secondary Education</li> </ul> <p><b>Engineering</b></p> <ul style="list-style-type: none"> <li>___ Computer Engineering</li> <li>___ Electrical Engineering</li> <li>___ Mechanical Engineering</li> </ul> | <ul style="list-style-type: none"> <li>___ International Studies</li> <li>___ Justice and Peace Studies</li> <li>___ Latin</li> <li>___ Literary Studies</li> <li>___ Mathematics</li> </ul> <p><b>Music</b></p> <ul style="list-style-type: none"> <li>___ Liturgical Music</li> <li>___ Music</li> <li>___ Music Business</li> <li>___ Music Education - Instrumental (K-12)</li> <li>___ Music Education - Vocal (K-12)</li> <li>___ Music Performance</li> </ul> | <ul style="list-style-type: none"> <li>___ Women's Studies</li> </ul> <p><b>Pre-Professional Programs</b></p> <ul style="list-style-type: none"> <li>___ Pre-Chiropractic</li> <li>___ Pre-Dentistry</li> <li>___ Pre-Engineering</li> <li>___ Pre-Law</li> <li>___ Pre-Medicine</li> <li>___ Pre-Occupational Therapy</li> <li>___ Pre-Optometry</li> <li>___ Pre-Pharmacy</li> <li>___ Pre-Physical Therapy</li> <li>___ Pre-Physician Assistant</li> <li>___ Pre-Veterinary Medicine</li> </ul> |
|--|--|--|--|

**Activities:** Clubs, intramurals and activities that may be of interest to you at St. Thomas

Varsity sports that you would like to participate in at St. Thomas \_\_\_\_\_

Musical interests at St. Thomas      Band \_\_\_\_\_      Choir \_\_\_\_\_      Orchestra \_\_\_\_\_

**Living arrangements**

I plan to live:       on campus       with parent(s)       off campus       at St. John Vianney College Seminary

**Do you intend to pursue need-based financial aid?**       Yes       No

**Religious preference (optional)** \_\_\_\_\_

**T-shirt size** \_\_\_\_\_

## WRITING SAMPLE

**Applicants are required** to submit a one- to two-page writing sample. This writing sample may be on one of the topics listed below or you may submit a paper you have written for class.

### Topics:

1. Discuss a meaningful contribution you have made through involvement in school, church or community activities.
2. Describe an event, a person or an educational experience that has had a major impact on your life and why.

## FAMILY INFORMATION

\_\_\_\_\_  
Parent's/guardian's name (or spouse if applicable)

\_\_\_\_\_  
Home address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Occupation/title

\_\_\_\_\_  
Cellphone

\_\_\_\_\_  
Parent's/guardian's email (or spouse if applicable)

\_\_\_\_\_  
Parent's/guardian's name (or spouse if applicable)

\_\_\_\_\_  
Home address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Occupation/title

\_\_\_\_\_  
Cellphone

\_\_\_\_\_  
Parent's/guardian's email (or spouse if applicable)

List names and ages of your brothers and sisters and the schools they currently attend. Please indicate if any are your twin/triplet, etc.

List relatives, in addition to brothers and sisters already listed, who have attended or who currently are attending St. Thomas and their relationship to you \_\_\_\_\_

### Did you learn about St. Thomas from any of the following sources or individuals? CHECK ALL THAT APPLY

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Friend/relative      | <input type="checkbox"/> High school counselor/teacher | <input type="checkbox"/> Community-based organizations/<br>college access group |
| <input type="checkbox"/> St. Thomas alumnus/a | <input type="checkbox"/> Independent college counselor | <input type="checkbox"/> Other _____  |

## STUDENT STATEMENT

I certify that the information I have provided on this application and all other admission materials is complete, accurate and true to the best of my knowledge.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

The University of St. Thomas is an equal opportunity educator and employer. St. Thomas does not unlawfully discriminate, in any of its programs or activities, on the basis of race, color, creed, religion, national origin, sex, sexual orientation, family status, disability, age, marital status, status with regard to public assistance, membership or activity in a local commission, genetic information or any other characteristic protected by applicable law. [stthomas.edu/eostatement](http://stthomas.edu/eostatement)

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